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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 4/9/2014 5:06 PM Fee Receipt: \$40.00



## COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, SECRETARY OF STATE

Rueinace Lilinae	rticles of Organization imited Liability Company		KLC
Pursuant to KRS 14A and KRS 275, t	ne undersigned applies to qualify and for th	at purpose submits	the following statemen
Article I: The name of the limited liabi	lity company is		
JM Business Partners, LI	_C		
Article II: The street address of the lin	nited liability company's initial registered off	ice in Kentucky is	
2716 Old Rosebud STE 2		KY	40509
Street Address Only (No Post Office Box Nu		State	Zip Code
and the name of the initial registered a	agent at that office is Registered Age	ents Inc.	
	limited liability company's initial principal off	fice is	
607 Dove Lane	Richmond	KY	40475
Street Address or Post Office Box Number	City	State	Zip Code
Article V: This application will be offere	tivo unon filino unloso a deleved offerti		
	tive upon filing, unless a delayed effective o		
	ot be prior to the date the application is file		(Delayed effective date and/or time)
I/We declare under penalty of perjuty u	nder the laws of the state of Kentucky that	the foregoing is true	and correct.
Sonk a man	Joseph A. Mras	Manager	4/9/2014
ignature of Organizer	Printed Name & Title		Date
ignature of Organizer	Printed Name & Title	and the same of th	Date
Registered Agents Inc.	, consent to serve as the registere	ed agent on behalf of the	limited liability company.
186	M Dan Keen - Presi	ident	
ignature of Registered Agent	Printed Name	Date	
01/11)			